Prevention Agenda 2013-2017: New York State's Health Improvement Plan

Vision and Proposed Public Health Priorities

Presentation Outline

- Vision
- Scope
- Goals
- Context for Health Improvement Efforts
- Cross Cutting Principles
- Criteria to Select Priorities
- Existing Prevention Agenda Priorities
- Proposed New Priorities

Vision

New York is the Healthiest State

Context: The Public Health System



Adapted from : The Future of the Public's Health in the 21st Century. IOM 2003

Goals

1. Improve the health status of all New Yorkers across selected public health priority areas and close racial, ethnic, socio-economic and other health disparities including those among persons with disabilities in those areas.

Goals

2. Advance a "Health in All Policies" approach in New York State

that addresses the broader determinants of health by increasing awareness and action for health outside the traditional health sector.

3. Strengthen governmental and non-governmental public health infrastructure

at state and local levels.

Goals

- 4. Create and strengthen sustainable public-private and multi-sector partnerships that align policies and investments with public health improvement goals at all levels.
- 5. Further strengthen and promote the case for investment in prevention and public health as a way to both control health care costs and increase economic productivity by increasing the health of individuals and communities.

Context

- Progress on the Prevention Agenda 2008-12
- New York State's Health Status
- Health Care Reform: National and State
- Funding Environment for Public Health
- How Health Improvement is Produced

Context: New York Profile

Prevention Agenda 2008-2012

- Progress on Local Community Collaboration
- Progress on Key Health Indicators, including diversity and disparities

http://www.health.ny.gov/prevention/prevention_agenda/health_improvem
ent_plan/docs/progress_to_date_prevention_agenda_color.pdf

New York State's Health Status

http://www.health.ny.gov/prevention/prevention_agenda/health_improvement plan/docs/population and general health.pdf

Context: National Health Care Reform

- Increased number of insured individuals,
- Expanded set of services: preventive services rated as A or B by U.S. Preventive Services Task Force to be provided without cost sharing,
- Improved coordination of care through Medical and Health Homes and Accountable Care Organizations.

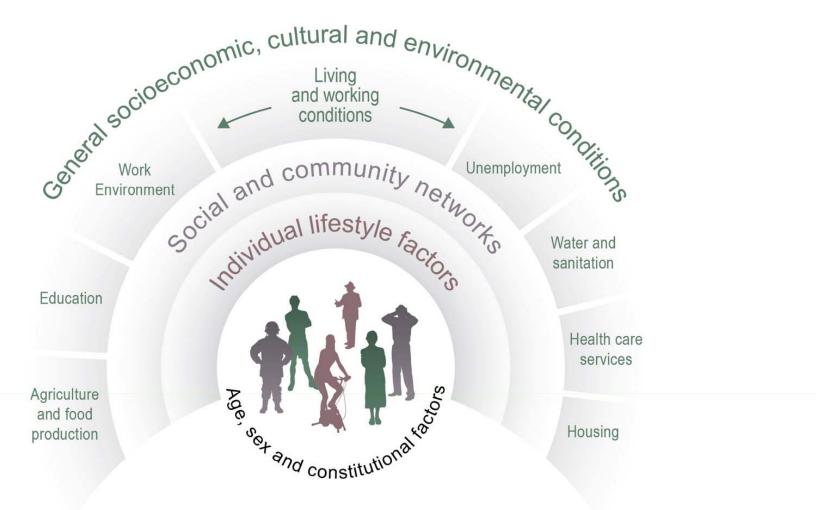
Context: State Health Care Reform

- Increased support for preventive services and community-based supportive services through Medicaid Redesign Team proposals.
- Health Exchange for Value Based Purchasing.
- Improvements in Information Technology including all payer data base and development of State Health Information Network-NY.

Context: Shrinking funding for public health

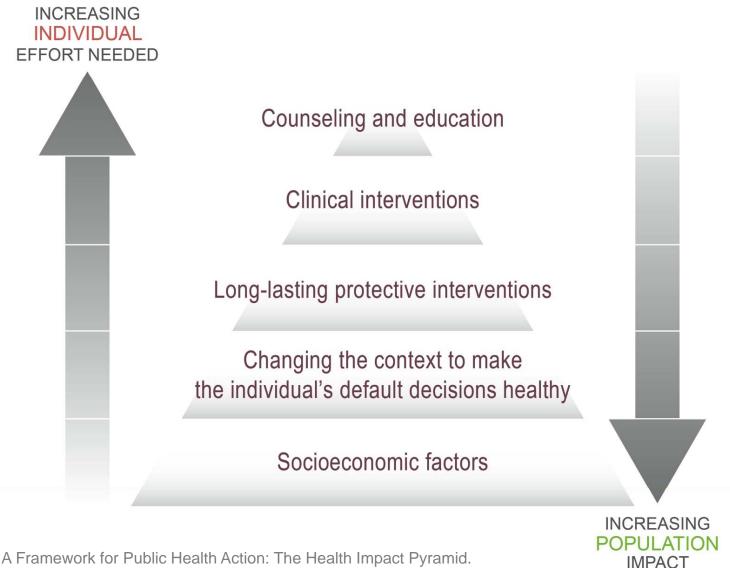
- Federal grant reductions to NY in past 2 yrs:
 - Preventive Health Services Block Grant
 - Lead Poisoning
 - HIV Prevention
- State Reductions
 - Tobacco Control
 - State Aid for optional programs operated by Local Health Departments
- Local county reductions

Context: How Health Improvement is Produced



Dahlgren G, Whitehead M. 1991. Policies and Strategies to Promote Social Equity in Health. Stockholm, Sweden: Institute for Futures Studies.

Context: Framework for improving health



Frieden T., A Framework for Public Health Action: The Health Impact Pyramid. *American Journal of Public Health.* 2010; 100(4): 590-595

- 1. The broad determinants of health are an essential area for intervention that can yield benefits for multiple health issues.
- 2. The voice of the most affected communities must be part of the improvement process at all stages.
- 3. The awareness and capacity for local communities to actively address their health problems should be strengthened.

4. Infrastructure capacities (workforce, IT, data availability, emergency preparedness, convening partnerships) are uneven across the governmental public health system and need to be bolstered to yield improvements in all target areas.

5. Collaboration is critical across multiple domains and at all levels: across agencies, between state and local agencies, among counties and cities and between public and private organizations.

- 6. The integration of public health and personal health care systems (especially primary care) across all settings and across the lifespan should be strengthened.
- 7. Evidence-based strategies are best, but not always available. Promising Practices and Next Practices should also be acceptable strategies for improvement.

Suggested Criteria to Consider in Selecting Priority Actions

- Disease burden
- There are evidence-based (or promising or "next practice") interventions to prevent causes of the health problem
- Feasibility (resources, infrastructure)
- Community/partner support

- Health departments have leverage to make change
- Can move the needle on health disparities
- Can be monitored with specific, quantifiable measures

Prevention Agenda 2008-2012 Priorities Areas

- Access to Quality Health Care
- Chronic Disease
- Community Preparedness
- Healthy Environment
- Healthy Mothers, Healthy Babies, Healthy Children
- Infectious Disease
- Mental Health and Substance Abuse
- Physical Activity and Nutrition
- Tobacco Use
- Unintentional Injury

Proposed Priority Areas

Prevent Chronic Diseases

Advance aHealthy Environment

Promote Healthy Mothers, Healthy Babies, Healthy Children

Prevent Substance Abuse, Depression, and other Mental Illness

Prevent HIV, STIs and Vaccine Preventable Diseases

Proposed Priorities: Prevent Chronic Diseases

Heart disease, cancer, respiratory disease, and diabetes all share the risk factors of diet, exercise, tobacco, alcohol and associated obesity

- Example Strategies: increase access to healthy foods and active transit; decrease access to alcohol and tobacco;
- Example Measures: obesity rates; tobacco use among adults and youth; tobacco use among the Medicaid population; diabetes prevalence; prevalence of heart disease.

Proposed Priorities: Advance a Healthy Environment

where people live, work, play and learn

- Example strategies: anti-idling ordinances; lead remediation in housing; healthy community design; education to prevent food-borne disease; school-based violence prevention; healthy homes.
- Example measures: asthma hospitalization rate, homicide rate by race/ethnicity; outdoor air quality; falls-related hospitalizations.

Proposed Priorities: Promote Healthy Mothers, Healthy Babies, Healthy Children

- Example strategies: increase access to reproductive health services and prenatal care; promote breastfeeding friendly hospitals; support water fluoridation; ensure sex education in schools.
- Example measures: teen pregnancy rate; maternal mortality; low birthweight; prenatal care by race/ethnicity; percent of 3rd grade children with untreated tooth decay; prevalence of breastfeeding among WIC mothers.

Proposed Priorities: Prevent Substance Abuse, Depression, and other Mental Illness

- Example strategies: reduce alcohol access to youth; promote responsible prescribing practices for opioids; increase depression screening and referrals in primary care and other health care settings.
- Example measures: percent reporting poor mental health status 14+ days/month; hospitalizations due to drug overdoses; suicide rate.

Proposed Priorities: Prevent HIV, STIs and VaccinePreventable Diseases

- Example strategies: test and treat policies; drug treatment referrals; increasing community demand for vaccines; promote safer sex practices.
- Example measures: new case rates, newly diagnosed HIV case rate by race/ethnicity, immunization rates.

Please Provide Feedback

 To provide feedback on Prevention Agenda 2008-12 and proposed priorities for Prevention Agenda 2013, please contact a member of the Ad Hoc Committee to Lead the State Health Improvement Plan at:

prevention@health.state.ny.us

 For more information on the Prevention Agenda, visit:

www.health.ny.gov/PreventionAgenda2013